

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35826

Registration District No. 47

Primary Registration District No. 5766

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Buchloe, Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 years (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Edward George Spencer

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m Color or
race w

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

William
7. Birth date of deceased Jan
(Month) (Day) (Year)

13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 25 hr. min.

9. Birthplace Webster Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James H. Spencer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schultz

15. Birthplace St. Louis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Spencer

(b) Address Auxvasse Mo

17. (a) Rural (b) Date thereof Nov. 10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentworth Mo

18. (a) Signature of funeral director Hughes Manpin

(b) Address Auxvasse Mo

19. (a) Nov. 15 1948 (b) Jose Moninkhoff
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Calloway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country Jackson Tenn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1948 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from
19 to 19

that I have seen the deceased alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Deceased was Duration

known to have weak

heart. Died suddenly and

Due to unexpected in bed

cause, apparently a

Due to Coronary Occlusion

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

no inquest

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

Signature W. J. Garrett (M.D. or other)

Address Fulton Mo Date signed 11/15/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
DISTRICT CLERK
DISTRICT CLERK No. 9,
NOV 23 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Hughes Mainpin
Licensed Embalmer No. 2358
P. O. Address Auxvasse, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.